

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** MISHOMIS HOUSE (610278)

**Address:** RT 1 BOX 107P, BAYFIELD, WI 54814

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/06/1996

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0096195      **End Date:** 12/06/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009499    Served 01/23/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING		
83.21(4)(w)	SAFE ENVIRONMENT		
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS		
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS		
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		
83.43(4)(b)2.e	COMPARTMENT IF MINIMUM LINTEL DEPTH		
83.53(2)(a)	DOORS EXCEPT PATIO DOORS		

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

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Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Survey ID:** 0091720      **End Date:** 10/28/2003      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10005281    Served 12/26/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	12/06/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	12/06/2006	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	12/06/2006	Yes
83.53(4)(b)	HANDRAILS	12/06/2006	Yes

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Enforcement History**

**Date: 01/18/2006      SOD #10009499      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.14(1)(a)3  
FORFEITURE---83.33(3)(e)2.a  
FORFEITURE---83.53(2)(a)

**Date: 12/23/2003      SOD #10005281      Appealed: No**

Sanctions

OTHER SANCTION

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